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October 10, 2018

United States Environmental Protection Agency Region 8
Director, Air and Toxics Technical Enforcement Program
Office of Enforcement, Compliance, and Environmental Justice
Mail Code 8ENF-AT
1595 Wynkoop Street
Denver, Colorado 80202-1129

RECEIVED

OCT 3 1 2018

Office of Enforcement, Compliance and Environmental Justice

RE: NSPS Subpart OOOOa Annual Report

Hamill 19-16HA Production Facility Myers 19-11HA Production Facility

GRMR Oil and Gas, LLC

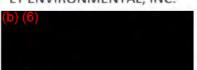
To Whom It May Concern:

On behalf of GRMR Oil and Gas, LLC (GRMR), LT Environmental, Inc. (LTE) is submitting the attached annual report in accordance with 40 Code of Federal Regulations (CFR) New Source Performance Standard (NSPS) Subpart OOOOa. This report covers the August 2, 2017, through August 1, 2018, reporting period for the Hamill 19-16HA and the Myers 19-11HA Production Facilities. Attachment 1 includes the appropriate portions of the EPA provided reporting template, and the signed certification of completeness by a responsible official is in Attachment 2.

Please do not hesitate to contact me at (303) 962-5537 or <a href="mailto:gfast@ltenv.com">gfast@ltenv.com</a> if you have any questions or require additional information.

Sincerely,

LT ENVIRONMENTAL, INC.



Ginger Fast Project Air Quality Scientist

cc: Mr. Mike Griffis — GRMR Oil and Gas, LLC (electronic file)

Attachments:

Attachment 1 NSPS OOOOa Annual Report

Attachment 2 Certification by Responsible Official





40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Res For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

				SITE INFORMATION						
Facility Record No.  (Field value will automatically generate if a value is not entered.)	Company Name * (§60.5420a(b)(1)(i))	Facility Site Name * (§60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (§60.5420a(b)(1)(i))	Address of Affected Facility * (§60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings Count	tye.g.: NY	e.g.: 11221	
1	GRMR Oil & Gas, LLC	Myers 19-11HA Production Facility	05-081-07818	N/A	N/A	N/A	Moffat	со	81638	081/0555
2	GRMR Oil & Gas, LLC	Hamill 19-16HA Production Facility	05-081-07822	N/A	N/A	N/A	Moffat	со	81638	081/0558

ALTERNATIVE ADDRESS INFOR	MATION (IF NO PHYSICAL ADDRE	SS AVAILABLE FOR SITE *)	REPORTING I	NFORMATION	PE Certification	ADDITION	AL INFORMATION
Description of Site Location (§60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(12))  Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.; 7 miles NE of the ntersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addlinfo.zip or XYZCompressorStation .pdf
From the intersection of Hwy 13 and Hwy 317, go 4.6 miles east on CO-317, then turn right and go 0.1 mile to facility.	(b) (9)		8/2/2017	8/1/2018		N/A	
From the intersection of Hwy 13 and Hwy 317, go 5.1 miles east on CO-317, then turn right and go 0.47 miles on CO-37, then turn right and go 1.1 mile on lease road to facility.			8/2/2017	8/1/2018		N/A	

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report For each storage wessel affected facility, an owner or operator must include the information specified in paragraphs (b)(6)(i) through (vii) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. 1 (Select from dropdown fatmy next to cond up)	Storage Vessel ID * 1960.5420a(b)(1)(ii) and \$60.5420a(b)(6)(0)	Was the storage vessel constructed, modified or reconstructed during the reporting period? * (\$60.5420e(b)(6)(1)	Latitude of Storage Vessel (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (§60.5420e(b)(6)(i)	Longitude of Storage Vessel (Decimal Degrees to 5 Decimals Using the North American Delsam of 1983) * (660-5420a(b)(6)(i)	If new affected facility or if returned to service during the reporting period, provide documentation of the VOC emission rate determination according to \$60.5365a(e).* (\$60.5420a(b)(6)(ii))	Records of devotions where the storage vessel was not operated in compliance with requirements * (\$60.5420x(c)(5)(ii)) and \$60.5420x(c)(5)(ii))	Have you met the requirements specified in 960.54104/(2) and (3)?* [560.5420a(b)(6)(iv)]	Removed from service during the reporting period? * (§60.5420a(b)(6)(v))	firemoved from service, the date removed from service. (§60.5420a(b)(6)(v))	Returned to service during the response period?" (\$60.5420a(b)(6)(vi) )	If returned to service, the date returned to service. (960.5420a(b)(5)(v)))
	e.g.: Tank 125	e.g.: modified	eg:34.12345			e.g.: On October 12, 2016, the pilot flame was not functioning on the combustion unit controlling the storage vessel.	e.g.: Yes	e.g.: Yes	eg: 11/15/16	e.g. Yes	+g: 11/15/16
1	Tank 1	*No	$\top$ (b) (9)		N/A	N/A	Yes.	No	N/A	N/A	N/A
2	Tank 2	No			N/A	N/A	Veis	No	N/A	N/A	N/A

			Storage Ve	ssels Constructed, Modific	ed, Reconstructed or Returned to	Service During Reporting Period II	hat Comply with §60.539	15a(a)(2) with a Control Devi	ce Tested Under § 68.5413a(d)			
Miske of Purchased Device * \$60.5420w(s(6)(wis) and \$0.5420w(c)(\$2(w)(A))	Model of Purchased Device * (§60.5420a(b)(6)(vil) and \$60.5420a(c)(5)(vil)(A)]	Serial Number of Purchased Device * (\$60.5420s(c)(6)(vil) and 860.5420s(c)(5)(vil)(A))	Date of Furchase * (660.5420s/(b)(6)(vii) and 660.5420s/(c)(5)(vi)(8))	Copy of Purchase Order (660.5420a(b)(6)(vil) and (660.5420a(c)(5)(vil)(C))	Latitude of Control Device (Decimal Degrees to 5 Decimals Using the North American Datum of 1983) * (960.5420a(b)(6)(vii) and 960.5420a(c)(5)(v)(D))	Longitude of Control Device (Decimal Degrees to 5 Decimals Using the North American Datum of 1983)* (\$60.5420e(0)(5)(v6) and 560.5420e(0)(5)(v6)(D))	Inlet Gas Flow Rate * (560.5420e(ta(60)vi) and 560.5420e(t)(5)(vi)(f1)	Please provide the file name that contains the Records of Price Flame Present at All Times of Operation * (IsoS-SA/Dac(SSA/SRA)) and Se0-SA/Dac(SSA/SRA) and Se0-SA/Dac(SSA/SRA) are Please provide only one file per record.	Please provide the file name that contains the Records of No Visite Emissions Periods Greater Than J Minute During Any 15-8 Instale Period * (640-5420ab)(6)(vii) and 460-5420ab(50)-6076 J] Please provide only one file per record.	Please provide the file name that contains the Records of Maintenance and Repair Los (660.5420a(b)(6)(vi)) and 560.5420a(c)(5)(vi)(7)(3) and per record.	Visible Emissions Test	Please provide the file of flat contains the Record Manufacturer's Writte Operating Instructions Procedures and Maintenance Schedule (160:5420e(s)6)(wi) an 660:5420e(s)6)(wi) 80 Please people only one
g. Incinerator Guy	e.g.: 400 Combustor	eg.: 123850392	eg.: 12/10/16	e.g.: purchase_order.pdf or XY2CompressorStation.p df		ea:-101,32340	e.g.: 3000 xth		e.g.: noemissions.pdf or XYZCompressorStation.pdf		e.g.: emistest ødf ar XVZCompressorStation ødf	e g. manufinaruct gelf ar XVZCompressorStation p
N/A	N/A	N/N	N/A	N/A	(b) (9)		N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

## The asterisk (\*) next to each field indicates that the corresponding field is required.

Select from idown list - may red in armit up )	Identification of Each Affected Facility * (660-5420a(b)(1))	Date of Survey * (560.5420a(b)(7)(i))		Survey End Time * (\$60.5420a(b)(7)(ii)	Name of Surveyor * (§60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420u(b)(7)(iv))	Survey *	Maximum Wind Spend During Survey (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (§60.5426a(b)(7)(v))	Deviations From Monitoring Plan (if none, state none.) * (560.5420a(b)(7)(vi))	Type of Component for which Fugitive Emissions Detected * (\$60 \$420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(t)(7)(vill)	Type of Component Not Repaired as Riquired in \$60.5397a(h) * (\$60.5420a(h)(7)(viii))	Number of Each Compone Type Not Repaired as Required in § 60.5397a(h (§60.5420a(h)(7)(viii))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	eg. 1:00 pm	s.g., John Smith	e.g.: 90°F	e.g.: Sunny, no douds		e.g.: Company ABC optical gas imaging camera	e.g.: None	o.g.: Valve	eg.3	e.g.: Valve	egil
1	Myers 19-11HA Production Facility	10/18/2017	8:00 AM	8:15 AM	(b) (6)	25%	Clear	5 mph	FLIR GF320 Optical Gas Intraging (OGI) Camera		None	0	N/A	N/A
1	Myers 19-11HA Production Facility	3/30/2018	.10:07 AM	10.73 AM		45%	Clear	5 mph	FLIR GF320 Optical Gas Imaging (OGI) Camera		Pressure Regulator	1	N/A	N/A
,	Hamill 19-16HA Production Facility	10/18/2017	9:05 AM	9:20 AM		33%	Clear	3 mph	FLift GF320 Optical Gas Imaging (OGI) Camera		None	0	N/A	N/A
	Hamill 19-16HA Production Facility	4/27/2018	11:70 AM	11:55 AM		627	Clear	5 mph	FLIR GF320 Optical Gas Imaging (OGI) Camera		None	0	N/A	N/A

									OGI	Compressor St	ation Affected Facility Only
Type of Difficult-to- Monitor Components Manitored * (960-5420a(b)(7)(ix))	Number of Each Difficult- to-Monitor Component Type Monitored * (\$60.5420s(b)(7)(ix))		Number of Each Unsafe-to Monitor Component Type Monitored * (\$60.5420a(b)(7)(ar))	Oate of Successful Repair of Fugitive Emissions Component * (560.5420a(b)(7)(*))	Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (660.5420a(b)(7)(si))	Explanation for Delay of Repair * (§60.5420a(h)(7)(ni))		Training and Experience of Surveyor * (§60.5420a(b)(7)(W))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (660.5420a(b)(7))	If a monitoring survey was waived, calendar monitor that make up th quarterly monitoring period for whi the monitoring survey was waived (540.54204(b)(7))
g: Valve	#g:1	e.g. Valve	eg:1	e.g.: 11/10/16	e.g.: Valve				e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
N/A	N/A.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Infrared Training Center OGI certification in March 2016; 2.5 years of survey experience.	N/A	N/A
N/A	N/A	N/A	N/A	4/2/2018	N/A	N/A	N/A	Method 21 Section 8.3.3 screening procedure	Infrared Training Center OGI certification in March 2017; 1.5 years of survey experience	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Infrared Training Center OGI certification in March 2016, 2.5 years of survey experience	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	infrared Training Center OGI certification in March 2017; 1.5 years of survey experience	N/A	N/A



Responsible Official
Name: (Last) Griffis (First) Mike (MI)
Title Operations Manager
Street or P.O. Box <u>P.O. Box 6280</u>
City Broomfield State CO ZIP 80021
Telephone (303) 819 - 7354 Ext Facsimile ()
Certification of Truth, Accuracy and Completeness (to be signed by the responsible official)
I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.  (b) (6)
Name (signed)
Name (typed) Mike Griffis Date: Oct /24 / 2018